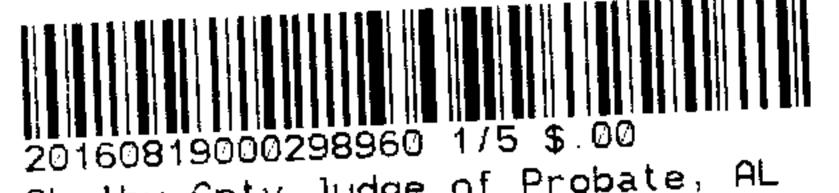
County Division Code: AL040 Inst. # 2016080440 Pages: 1 of 5 I certify this instrument filed on: 8/8/2016 3:55 PM

Doc: ELCAPRE Alan L.King, Judge of Probate Jefferson County, AL

Clerk: SKIPWITHH



**Print Form** 

FAIR CAMPAIGN PRACTICES / STATE OF ALABAMA

08/19/2016 12:34:34 PM FILED/CERT

REA FOR OFFICIAL USE ONLY

# Candidate & Elected Official Campaign Finance Report SUMMARY FORM 1

Please Print in Ink or Type.

Name of Candidate or Elected Official		•	Political Party/Ballot Affillation
Gary Ivey			
Office Sought or Held (include district or o	circuit number,	if applicable)	
Mayor, City of Hoover			
Address	address		
709 Crested Fern Ln.			
City	State	ZIP Code	Telephone Number
Hoover	AL	35244	<u></u>

	FILED IN OFFICE PROBATE COURT	
	AUG 0 8 2016	
E.O.D.	ALAN L. KING	
		1

Type of Report (check	one)
Monthly	Amended Monthly
Weekly	Amended Weekly
For Monthly Reports Month in which the report is filed.	
For Weekly Reports Date of Friday in the week in which the report is filed.	08/05/2016
Total Number of Pages in Report	5

S	ummary of activity since last filed report				6 N	
1	Beginning balance (ending balance from previous filing)			1		108,103.39
	Cash Contributions		•	_	•	* :
2a	Itemized cash contributions (total from Form 2)	2a	900.00			
2b	Non-itemized cash contributions	2b	0.00			
2c	Total cash contributions (add lines 2a and 2b)			2c		900.00
	In-Kind Contributions					
3a	Itemized in-kind contributions (total from Form 3)	3a	300.00			
3b	Non-itemized in-kind contributions	3b	0.00		· :	
3c	Total in-kind contributions (add lines 3a and 3b)	3c	300.00		•	
	Receipts from Other Sources			<b>-</b>		
4a	Itemized Receipts from Other Sources (total from Form 4)	4a	`o.oo			
4b	Non-itemized Receipts from Other Sources	4b	0.00			
4c	Total receipts from other sources (add lines 4a and 4b)			4c		0.00
	Expenditures			<u></u>		
5a	Itemized expenditures (total from Form 5)	5a	18,854.25			
5b	Non-itemized expenditures	5b	0.00			
5c	Total expenditures (add lines 5a and 5b)			5c		18,854.25
6	Ending balance (add lines 1, 2c, & 4c, then subtract line 5c)			6		90,149.14

Candidates for State Office: File this report with the Office of the Secretary of State. Candidates for County or Municipal Office: File this report with the Judge of Probate of the county in which the office is sought.

As required by the Alabama Fair Campaign Practices Act, I hereby swear or affirm to the best of my knewledge and belief that the attached report(s) and the information contained herein are true and correct and that this information is a full and complete statement of all contributions, expenditures, and other required information during the applicable paried of time.

Signature of Sandidate of Dected Official Date

	unex	$\Delta$
8-16	Signature of Notary	Pul
_	<i>71</i> –	Λ

the

Print Notary's Name

august, of the ye

Sworn to and subscribed before me this \_\_\_

day of

of the year <u>d0/6</u>

FORM REVISED 10.27.2011



Shelby Cnty Judge of Probate, AL 08/19/2016 12:34:34 PM FILED/CERT

ALABAMA FAIR CAMPAIGN PRACTICES ACT - CAMPAIGN FINANCE REPORT FOR CANDIDATE & ELECTED OFFICIAL

### FORM 2: Contributions received by candidate or elected official

NAME OF CANDIDATE OR ELECTED OFFICIAL: Gary Ivey When total contributions from a single source exceed \$100.00, the FCPA requires all contributions from that source to be itemized.

	DO NOT LIST in-kind contributions or loans on this form. Use Forms 3	and 4 (	or th	ose	listin	ıgs.		استحصرن والمناون والمراحة المالية
CONTRIBUTOR (INCLUDE FULL NAME)	ADDRESS  (ADDRESS SHOULD INCLUDE  STREET OR P.O. BOX, CITY, STATE, AND ZIP)	0	F CO	OUR NTRI IECK	BUT		DATE CONTRIBUTION RECEIVED (mo./day/yr.)	AMOUNT OF CONTRIBUTION
		Business or Corporation	Individual	PAC	Other	Returned		
Tenet Health	P.O. Box 130300 Dallas, TX 75313	×					08/01/2016	\$750.00
Merv & Bettie Torme	1400 Cove Park Circle Hoover, AL 35242		×				08/04/2016	\$100.00
Madyan Mansoob	540 Turtle Creek Dr. Hoover, AL 35226		×				08/04/2016	\$50.00
-								
FORM REVISED 10.27.2011	VISED 10.27.2011 TOTAL CASH CONTRIBUTIONS THIS PAGE							\$900.00



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#### ALABAMA FAIR CAMPAIGN PRACTICES ACT - CAMPAIGN FINANCE REPORT FOR CANDIDATE/ELECTED OFFICIAL

#### FORM 3: In-Kind Contributions received by candidate or elected official

NAME OF CANDIDATE OR ELECTED OFFICIAL: Gary Ivey

When total contributions from a single source exceed \$100.00, the FCPA requires all contributions from that source to be itemized. DO NOT LIST cash or loans on this form. Use Forms 2 and 4 for those listings. SOURCE NATURE OF CONTRIBUTION (CHECK ONE) (CHECK ONE) **AMOUNT ADDRESS** DATE CONTRIBUTOR OF (ADDRESS SHOULD INCLUDE CONTRIBUTION (INCLUDE FULL NAME) STREET OR P.O. BOX, CITY, STATE, AND ZIP) CONTRIBUTION RECEIVED (mo./day/yr.) Randy Wilhelm 2250 Highlands Ave S \$300.00 Birmingham, AL 35213 \$300.00 TOTAL IN-KIND CONTRIBUTIONS THIS PAGE FORM REVISED 10.27.2011



Shelby Cnty Judge of Probate, AL 08/19/2016 12:34:34 PM FILED/CERT

ALABAMA FAIR CAMPAIGN PRACTICES ACT - CAMPAIGN FINANCE REPORT FOR CANDIDATE/ELECTED OFFICIAL

## FORM 4: Receipts from Other Sources loans, Interest, and other sources of income

NAME OF CANDIDATE OR ELECTED OFFICIAL: Gary Ivey

When total contributions from a single source exceed \$100.00, the FCPA requires all contributions from that source to be itemized. DO NOT LIST cash or in-kind contributions on this form. Use Forms 2 and 3 for those listings. COMPLETE THIS BLOCK IF RECEIPT FORM RECEIPT SOURCE IS A LOAN OF RECEIPT (CHECK ONE) **AMOUNT** DATE **ADDRESS** SOURCE OF RECEIPT OF RECEIVED (ADDRESS SHOULD INCLUDE **GUARANTORS** (INCLUDE FULL NAME) Individual Business Other (mo./day/yr.) RECEIPT STREET OR P.O. BOX, [FCPA REQUIRES FULL NAME AND COM-CITY, STATE, AND ZIP) Other PLETE ADDRESS OF INDIVIDUAL(S) ENDORSING OR GUARANTEEING LOAN 0.00 TOTAL RECEIPTS THIS PAGE FORM REVISED 10.27.2011



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ALABAMA FAIR CAMPAIGN PRACTICES ACT - CAMPAIGN FINANCE REPORT FOR CANDIDATE & ELECTED OFFICIAL

#### FORM 5: Expenditures by candidate or elected official

NAME OF CANDIDATE OR ELECTED OFFICIAL: Gary Ivey



When total expenditures to a single recipient exceed \$100.00, the FCPA requires all expenditures to that recipient be itemized. PURPOSE OF EXPENDITURE (CHECK ONE) **AMOUNT** DATE OF **ADDRESS** PERSON/GROUP/BUSINESS **OTHER** Advertising
Consultants/
Politing
Charitable
Contribution
Food OF EXPENDITURE (ADDRESS SHOULD INCLUDE Loan Repayment Lodging RECEIVING EXPENDITURE EXPENDITURE STREET OR P.O. BOX, CITY, STATE, AND ZIP) (mo./day/yr.) **GIVE** (INCLUDE FULL NAME) BRIEF EXPLANATION Push Digital PO Box 21892 13,334.00 08/01/2016 Charleston, SC 29413 Push Digital PO Box 21892 1,000.00 08/01/2016 Charleston, SC29413 Post Office 351 24th Street N 6.45 08/01/2016 postage Birmingham, AL 35203 Shelby County Newspapers PO Box 2080 1,313.00 08/05/2016 X Selma, AL 36702 Regions Bank 2531 John Hawkins Parkway 51.39 08/01/2016 checks Hoover, AL35244 PO Box 59056 Master Image 1,649.41 08/05/2016 Birmingham, AL 35259 236 Weatherly Club Drive M.J. Connors Consulting 1,500.00 08/05/2016 Alabaster, AL35007 TOTAL EXPENDITURES THIS PAGE 18,854.25 FORM REVISED 10.27.2011